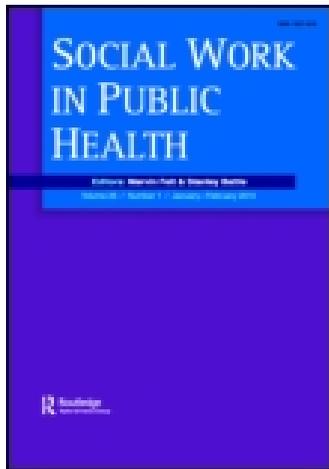


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An Application of the Transtheoretical Model to Becoming Vegan

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This article applies the transtheoretical model TM to veganism. By and large, the TM is a model of behavioral change that incorporates different stages to describe how an individual moves from an unhealthy behavior to a healthy one. The TM construes change as a five-stage process. The five stages of change are (a) precontemplation, (b) contemplation, (c) preparation, (d) action, and (e) maintenance. In this analysis, the model is applied to a person's determination to become vegan. A person chooses to become a vegan by eliminating all animal products from his or her diets; he or she does this by progressing through the stages, as prescribed by the model. The different changes people make to their life are described in detail. It is also possible to measure the success of a person's progression based on positive health changes that he or she experiences.

Keywords: Action, change, health, preparation, transtheoretical model, veganism

INTRODUCTION

The transtheoretical model (TM) is a model of behavioral change that incorporates different stages to describe how an individual moves from an unhealthy behavior to a healthy one. The concept of this model was developed using different aspects of various psychotherapy models that were prevalent during the 1980s. The TM was created in such a way that it can be applied to all sorts of behavioral and mental health problems.

Vegan is the term used to describe people who do not eat meat or any foods that contain animal products or were produced by animals, including butter, honey, eggs, and milk. Veganism was born from vegetarianism, and the push to make the change to become vegan originally began shortly after World War II. Many people see being vegan as more than a dietary choice, but a lifestyle and philosophy that support treating all animals with respect and not using animals as a source of food. Other individuals choose to become vegan because a diet that is rich in vegetables and fiber, and low in fat and cholesterol, can greatly benefit their health.

The TM can be applied to a person's choice to become vegan. As people progress through the various stages of the model, the different changes that they make to their life can be observed. It is also possible to measure the success of a person's progression based on positive health changes that he or she experiences.

Although the TM is recognized for its versatility and the ability to be applied to so many health and behavior changes, there are some weaknesses to the theory, including the vague nature of

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the model. The weakness of applying the TM to an individual making a change to being vegan is that there is only a small amount of scientific and medical research on the health benefits of a vegan diet. This is due, in part, to the fact that veganism has only recently begun to receive large amounts of attention. One of the strengths of applying this model to becoming vegan is that when described to people who are making that change, it helps them have an idea of their own progress and offers encouragement.

THE TRANSTHEORETICAL MODEL

An Overview

The TM of behavior change was developed by Prochaska and DiClemente (1982), and other associates. It “offers an alternate conceptualization of the structure of change,” focusing on “the phenomena of intentional change . . . [and] utilizing integrative dimensions of change that occur across various phases of change” (Brinthaup & Lipka, 1994, p. 202). The TM “emerged from a comparative analysis of leading theories of psychotherapy” (Glanz, Rimer, & Lewis, 2002, p. 99). According to Gurman and Messer (1995), previous theories focused more on reasons people change or do not change as opposed to how people change, which is the primary focus of the TM. The model is tailored to be relevant to “health behavior problems as well as to mental health problems” (Gurman & Messer, p. 404).

The TM, according to Gurman and Messer (1995), was developed during the 1980s, which was a time of rapid growth for the field of psychotherapy. With all the new therapies being developed so quickly, there was a need for synthesis. The TM tried to “identify and integrate the best of what different therapy systems had to offer” (Gurman & Messer, p. 406). According to Glanz et al. (2002), there are several constructs of the model, including stages of change, decisional balance, self-efficacy, and the processes of change.

Core Constructs

The TM contains several constructs that “describe behavior change and characteristics of the change process” (Tucker, Donovan, & Marlatt, 1999, p. 161). The constructs, according to Abraham, Conner, and Norman (2000), are “drawn from different theories of behaviour change” and include “the stages of change . . . the 10 processes of change, the perceived pros and cons of changing, and self-efficacy and temptation” (p. 207).

The process of change is divided up into six stages of change through which a person can progress. The “stage construct is important [because it] implies phenomena occurring over time; [though] surprisingly, none of the leading theories of therapy contained a core construct representing time” (Shumaker, Schron, Ockene, & McBee, 1998, p. 60). The stages of behavioral change are what individuals go through during their changing process: “precontemplation, contemplation, preparation, action, and maintenance/relapse” (Wright, Sparks, & O’Hair, 2008, p. 241).

The second construct is decisional balance, it “reflects on the individual’s relative weighing of the pros and cons of changing” (Glanz et al., 2002, p. 102). Initially the model included four categories of pros and four categories of cons and relied on Mann, Janis, and Chaplin’s (1969) model of decision making (Glanz et al., 2002). According to Dishman (1994) the eight constructs drawn from Janis and Mann’s model were the instrumental benefits to the self and to others, the instrumental cost to the self and to others, approval from self and others, and disapproval from self and others. These were later simplified to just the pros and cons for changing particular behaviors. The decisional balance is also an important factor in “predicting transitions between the first three stages of change” (Dishman, 1994, p. 165).

Self-efficacy is also one of the core constructs of the TM. Self-efficacy is the confidence an individual has that he or she can keep from relapsing into unhealthy behavior even while they are in high-risk situations. Typically the types of tempting situations are “negative affect or emotional distress, positive social situations, and craving” (Glanz et al., 2002, p. 103). Temptation is “the intensity of urges to engage in a specific habit when in the midst of difficult social situations” (Shumaker et al., 1998, p. 64). According to Shumaker et al. (1998), the construct of self-efficacy was incorporated into the TM from Bandura’s self-efficacy theory (Bandura, 1977).

There are also several processes of change that are among the core constructs of the TM. The first of these is consciousness raising, or learning new facts or tips that will aid the healthy change in behavior. Dramatic relief is “experiencing the negative emotions . . . that go along with unhealthy behavioral risks” (Glanz et al., 2002, p. 101). Self-reevaluation is an individual’s assessment of his or her self-image “with or without a particular unhealthy habit” (Shumaker et al., 1998, p. 62). The remaining processes of change include environmental evaluation, self-liberation, helping relationships, counterconditioning, reinforcement management, stimulus control, and social liberation. The processes of change provide “important guides for intervention programs” and are the “covert and overt activities that people use to progress through the stages” (Glanz et al., 2002, p. 103).

Stages of Change

The idea that behavioral change occurs in stages is what the TM is most noted for. The stages include precontemplation, contemplation, preparation, action, maintenance, and termination. The idea that these periods are stages implies that although they may “last for considerable periods of time, they are open to change” (Dishman, 1994, p. 162). According to Glanz et al. (2002), theories in the past often viewed behavior change as a finite event, not a progression of events.

Precontemplation, the first stage of the TM, is marked by the individual not being aware of the behavior or health problem, or being aware of it and having no intention to change. Generally, individuals in this stage “avoid reading, talking, or thinking about their high-risk behaviors” (Glanz et al., 2002, p. 100).

The second stage, contemplation, is one “in which people intend to change within the next six months” (Glanz et al., 2002, p. 100). Although they are aware of the benefits of changing, the costs of changing seem daunting. Some individuals become stuck in this stage due to the “difficult balance between the costs and benefits” (Glanz et al., 2002, p. 100). According to Shumaker et al. (1998), this phenomenon is characterized as chronic contemplation or behavioral procrastination.

When an individual is intending to take action in the near future, that person is in the preparation stage. These individuals would be good candidates to be recruited for action-oriented programs, and they have “typically taken significant action in the past year” (Shumaker et al., 1998, p. 61). Individuals in the preparation stage also tend to have a plan of action; he or she may join a health class, or buy a self-help book to aid them, or consult a physician (Glanz et al., 2002).

According to Dishman (1994), the action stage is the one “in which overt behavioral changes have occurred within the past 6 months” (p. 163). In this stage, most of the processes of change are being used by the individual (Dishman, 1994). However, not all changes that an individual makes meet the criterion to be considered action. The changes must be “sufficient to reduce risks for disease,” as determined by scientists and other professionals in the field (Glanz et al., 2002, p. 102).

The maintenance stage is the “period from 6 months after the criterion has been reached until such time as the risk of returning to the old behavior has terminated” (Dishman, 1994, p. 163). In this stage individuals are striving to prevent relapsing to their old behavior, however they do not “apply change processes as frequently as do people in action” (Shumaker et al., 1998, p. 61).

According to Glanz et al. (2002), individuals are “less tempted to relapse and increasingly more confident that they can continue their changes” (p. 102).

Termination is the final stage of the TM; it is the “stage in which individuals no longer succumb to temptation and have total self-efficacy” (Glanz et al., 2002, p. 102). Regardless of whether an individual experiences emotional difficulties, they “will not return to their old, unhealthy habits as a way of coping. It is as if they never acquired the habit in the first place” (Glanz et al., 2002, p. 102).

VEGANISM

A Brief History

Veganism was developed during the time period closely following World War II, when a group of members of the Vegetarian Society decided that they should do more than not eat meat. Donald Watson and Elsie Shrigley began discussing their views that vegetarians should not consume dairy and they also began discussing the formation of a coalition of non-dairy eating vegetarians. The term *vegan* was coined by Donald Watson “to describe vegetarians who do not use dairy products” (Stepaniak, 2000a, p. 2). When Watson’s proposal to no longer consume dairy was rejected by the Vegetarian Society in Britain, he formed a Vegan Society. In 1944, the Vegan Society published a manifesto stating that its aims are to advocate that the human diet “should exclude flesh, fish, fowl, eggs, honey and animals’ milk, butter, and cheese” and “to encourage the manufacture and use of alternatives to animal commodities . . . [to] abolish man’s dependence on animals . . . and to create . . . a more reasonable and humane order of society” (Stepaniak, 2000a, p. 4).

In 1959, Jay Dinshah, having been a vegetarian for many years, founded the American Vegan Society after receiving information from the Vegan Society in Britain. Over the next 20 years the vegan and vegetarian movements have become more widespread and have gained many more members, as well as more attention from the media (Stepaniak, 2000a).

The Philosophy of Veganism, in Brief

Although it is considered by many to be a diet, the term *vegan* is more of “a lifestyle and belief system that revolves around a reverence for life” (Stepaniak, 2000b, p. 1). Many vegans do more than simply changing their diet so it does not contain animal products; they alter their lifestyle to incorporate a more humane approach to the way they live life each day. Doing this includes actions such as not using any clothes or make up made with animal products or tested on animals, and actively creating an environment that is in harmony with all living creatures.

Being vegan differs from being vegetarian, in the respect that it is more than just a diet, because it was founded on ethical principles (Stepaniak, 2000b). The idea of “dynamic harmlessness” (Stepaniak, 2000b, p. 6) describes actively choosing to live in such a way that is peaceful and respectful to all and is a main tenet of being vegan. The American Vegan Society “delineates six pillars of the compassionate way” (Stepaniak, 2000b, p. 3) that were adapted from Gandhi’s philosophy and practice of nonviolence: “abstinence from animal products; integrity of thought word and deed; mastery over oneself; service to humanity, nature and creation; advancement of understanding and truth” (Stepaniak, 2000b, p. 3).

Why People Choose to Become Vegan

There are several reasons that people make the decision to live a vegan lifestyle or to eat a vegan diet. For some, it is a way to express their ideals and beliefs about the humane treatment of animals and a way to actively affect change with regards to that. Others may choose to eat a

vegan diet because of the health benefits associated with a diet of this nature. Jennifer McCann (2008), author of *Vegan Lunch Box*, chose not only to be vegan herself, but also to raise her child vegan in an effort to improve his health and diversify the types of food in his diet. Some people choose to become vegan to maintain a healthy lifestyle and lose weight in the face of ever increasing obesity rates (Noonan, 2009).

According to a study published in the October edition of the *Journal of the American Dietetic Association*, a low-fat vegan diet has the ability to reduce the risk for heart disease in people with Type-2 Diabetes. The vegan diet, which one group of participants in the study were put on,

dramatically cut consumption of cholesterol, fat, and saturated fat, and increased healthful fiber, beta-carotene, and vitamins K and C intake, compared with the diet based on ADA guidelines; [in addition,] almost half of the participants in the vegan group reduced, if not eliminated, their medication, compared with only 26 percent of participants in the ADA group. ("New Study Shows," 2008, p. 1715)

Vegan diets are also beneficial to diabetic patients because of the reduced likelihood of consuming foods with "advanced glycation end products (AGEs), [which] contributes importantly to the vascular complications of diabetes" ("Low-AGE Content," 2005, p. 237).

It was also found that vegan diets can be very healthy for pregnant women and for people at all different stages of life. Vegan diets also offer "lower levels of saturated fat and cholesterol and higher levels of fiber, folate, and cancer-fighting antioxidants and phytochemicals" ("Doctors Endorse," 2009, p. 1852). These benefits are often instrumental in influencing people to choose a vegan diet over other dietary options.

APPLYING THE TRANSTHEORETICAL MODEL TO THE CHOICE TO BECOME VEGAN

Very few people are introduced to veganism from infancy or childhood and so they are not aware that eating this type of diet is an option for them. Traditionally in the United States, meat and dairy are included as part of a daily diet that people should eat. According to the food pyramid released by the U.S. Food and Drug Administration, meats and dairy should be consumed on a regular daily basis, and it gives suggestions for the number of servings that are appropriate. More attention has been brought to the vegan and vegetarian movements and, as a result, more people realize that this healthy option does exist.

Applying the Stages of Change

When people do not realize that veganism exists, they are in the precontemplation stage of the TM. They do not realize that there are possible disadvantages to the way they are eating; neither do they realize that the option of being vegan is a possible way to improve their health. During the precontemplation stage, an individual may be in denial about the fact that his or her diet is not healthful and may not acknowledge the risks associated with poor nutritional choices (Brinthaup & Lipka, 1994).

During the contemplation stage a person may have become aware that being vegan is a trend that many people have begun to participate in, and he or she may be learning about the benefits to becoming vegan and whether it would fit into his or her lifestyle. According to Brinthaup and Lipka (1994), when a study was conducted of smokers, many of the 200 people in the group remained in the contemplation stage for 2 years. Deciding to become vegan after having always eaten meat is not always a simple change, which signifies that it is very possible a person who is considering becoming vegan may remain in the contemplation stage for an extended amount of time.

In the preparation stage, the person has decided to make the change to becoming vegan. At this point, the individual is “intending to take action in the immediate future, usually measured as during the next month” (Shumaker et al., 1998, p. 61). He or she may begin to investigate what foods will be bought, different types of recipes that may be interesting to cook, and other things that will help the transition from eating meat to becoming vegan. The person might also be researching the social implications of the choice to become vegan.

The action stage is when the person is no longer eating meat, dairy, or anything containing animal products, obvious action has been taken to incorporate the change. The person has implemented the change of being vegan into his or her life. According to Glanz et al. (2002), scientists and professionals agree that a criterion must be met to truly be in the action stage. Therefore, as a result of changing to a vegan diet the individual should see some marked differences in his or her health, such as weight loss, lower cholesterol, reduced risk for heart disease or hypertension, or some other health benefit.

In the maintenance stage, the person is working to continue following the modifications that have been made to his or her diet. The goal for the individual at this stage is to not relapse back to eating dairy and meat products. The temptation to eat food that is not considered vegan is reduced and the more time the person remains vegan, the easier it becomes for him or her to maintain the diet changes that were implemented (Glanz et al., 2002).

The final stage, termination, is reached when the individual has reached a point where she or he is no longer in danger of relapsing into old behavior. Regardless of whatever stressful or social situation an individual may find himself or herself in, there will be no urge to deviate from the vegan diet (Shumaker et al., 1998).

Applying Decisional Balance, Self-Efficacy, and Temptation

As people begin to consider changing their behavior to becoming vegan they will also consider the pros and cons, or the decisional balance, of their actions. Some of the pros to choosing a vegan diet may include the reduced amount of fat, the high amount of fiber, and no cholesterol, as well as the social impact created by not eating meat. Some cons that people may find is that it is hard to find restaurants that accommodate vegan diets, it may require more meal planning in the beginning stages, and it may be hard to not eat meat after habitually having eaten it for a long period of time. If the individuals feel that the benefits outweigh the cons then they are more likely to successfully change to a vegan diet (Dishman, 1994).

Self-efficacy encompasses a person’s confidence that he or she can follow the vegan regimen even in the event of stressful situations, or social situations where they normally would engage in a nonvegan manner. As a person moves through the stages of change, self-efficacy scores increase, until the final stage when the person is sure that he or she will not relapse into his or her old way of eating (Dishman, 1994). Temptation to deviate from the vegan diet may occur throughout the stages of change. If the individual is in a situation where others are not following a vegan diet, if he or she is very stressed or emotionally strained or even if he or she has a craving for nonvegan food, it may be difficult not to succumb to the temptation to stray from the dietary changes (Shumaker et al., 1998).

Applying the Processes of Change

The TM has several processes of change including consciousness raising, dramatic relief, self-reevaluation, environmental reevaluation, self-liberation, helping relationships, counterconditioning, reinforcement management, stimulus control, and social liberation. When an individual begins to make the change to becoming vegan he or she will experience these processes several times throughout the stages of change.

Consciousness raising, or learning new facts and tips to maintain the healthy behavior, is likely to occur multiple times throughout the stages, but especially during contemplation when the individual is learning about what veganism is, what it entails, and how people make the change to becoming vegan. Self-reevaluation is an important part of becoming vegan. This is when a person realizes that becoming vegan is an important part of his or her personal identity and it is more than just a passing fad or notion (Glanz et al., 2002).

Helping relationships are often very instrumental in maintaining changes made to an individual's life. Jennifer McCann (2008), author of *Vegan Lunch Box*, used an online blog to seek out social support for her decision to have her child eat a vegan diet, and for ideas about what she could make him for lunch. She received a good network of support that helped her implement the healthy behavior in her life and her child's life (McCann). Social liberation is the realization that society is changing in the direction that aligns with the healthy behavior. For a person choosing to become vegan this is very helpful. More social groups are devoted to raising awareness about veganism, and this has even led to more vegan choices in restaurants, which can bolster individuals' ability to keep up with their diet in various social situations (Brinthaupt & Lipka, 1994). All the processes of change influence a person's ability to continue on his or her path to health through becoming vegan.

DISCUSSION

Conclusion

The TM approaches behavior change through the idea of change that takes place in stages. It was developed by Prochaska and DiClemente (1982), and several other colleagues. The TM was born out of the need to have a versatile model that could be applied to many different behaviors, and it integrated various elements from some of the leading behavioral theories of the 1980s (Gurman & Messer, 1995).

The TM includes several core constructs that describe the evolution of change a person goes through when modifying behavior. There are several processes of change that are "covert and overt activities that people use to progress through the stages" of change (Shumaker et al., 1998, p. 62). The stages of change are the stages that a person goes through when changing his or her behavior; this is the most notable part of the TM.

Being vegan is when a person chooses not only not to eat meat, but also not to consume any food containing any animal products. Although it was not readily accepted when the idea first came about, veganism has steadily gained notice and recently has grown in popularity, not simply as a diet fad but also as a social movement to support animal rights and the humane treatment of all living creatures. As people progress through the stages of the TM, they work toward being vegan and are making changes and taking steps toward a more healthful life.

Importance of Theory Application

This article is a unique application of the TM. The idea that veganism is a healthier option than other diets people choose is not a novel idea, however, applying the TM to analyze the manner in which people progress through making the enormous change to becoming vegan is new. Veganism, though often used to describe simply a diet, is a philosophy on how to live life and incorporates more aspects than just the dietary modifications that make for a healthy lifestyle. This article is a brief investigation into the way a person incorporates this new way of living into his or her life through the stages and processes of change. Although this theory has been applied to weight loss and diet change, it has not previously been applied specifically to changing to a vegan diet.

There are various strengths and weaknesses to the TM. According to Perkins, Simnett, and Wright (1999), the model encourages practitioners to be supportive and encouraging with any type of behavior change and helps them determine the most appropriate intervention for an individual they are working with. The TM also eliminates the idea that an individual has failed at changing behavior because everything is a series of change that takes time and is cyclical (Perkins et al., 1999). According to Abraham, Conner, and Norman (2000), one weakness of the TM is that among the different constructs, causal relationships are not specific. Another weakness of the model is that there is uncertainty regarding how the stage models should be tested (Abraham, Conner, & Norman, 2000).

The application of the TM to becoming vegan also has strengths and weaknesses. One strength is that the TM is very versatile and can be easily used to describe the process of change that a person goes through to become vegan. A weakness of this application is that there is not a substantial amount of research providing information about the health benefits or risks involved with a vegan diet.

Future Research Directions for the Transtheoretical Model

The TM was originally applied to smoking cessation and has since been applied to a number of other behaviors including weight loss, exercise adherence, drug abuse cessation, and many more. There are some areas that have not yet been thoroughly researched and analyzed with the use of the TM. It could be beneficial to apply the TM to drinking cessation in pregnant women. Following safe-sex practices among senior citizens is also an area that could be further investigated because of the marked increase in sexually transmitted disease rates in the senior citizen population. The TM's versatility makes it adaptable to many health changes that a person might adopt.

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